MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Rea. Dist. No. e. IS RESIDENCE ON A FARM? YES NO X Year 10.56 IF UNDER 1 YEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH MINDUTES

PERFORMED? YES NO

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)

(County) (\$lale)

____, 19____,that I last saw the deceased , and that death accurred at 5:451/ M, from the causes and on the date stated above.

ADDRESS_(Street, city or lown, state) DATE SIGNED

22d. LOCATION (City, town, or county)

24b.

REGISTRAR'S SIGNATURE

VS A 15 (4) 15M 9/55

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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INSTRUCTIONS

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certificate has been executed by the attending physician and completely filled in by the funeral director, the third mopy of death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate by TO FUNERAL DIRECTOR: The law requires that the duath certificate be filed The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2940

CERTIFICATE OF DEATH

Reg. Dist. No.

02907

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY TO WARYLAND	STATE // COM OCCUPIENT HOW
CITY (If outside corporate/fimils, write RURAL LENGTH OF STAY OR end give neerest town) (in this place)	CITY (If outside corporate limits, write RUNAL and give pairest (pwn)
TOWN TO TOWN TO TOWN TO THE TO	TOWN HOW THE STREET
HOSPIFAL OR	STREET / (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS R 1 60 1 5
3. NAME OF (First) (Middle)	((Lest) (A. DATE (Month) (Day) (Year)
(Type or Print) Ras Col Mentre	San Ser DEATH March 7 156
S. SEX COLOR OR 7. SHYGLE, MARRIED, 18. DATE OF	
Male Klinia Boody/Marrielling	3/1886 69 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS done during most of working life, swap if OR INDUSTRY	11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
dona during most of working life, evan if	Gran Non Co. Va Tounter. A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Willy of Barbar	Manda Chittourell
19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yashing, or unk.) (If Yes, Sive wer or detes of sarvice)	35 TIMMI PORCOVIII BONDEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN
	- Marie New July ONSET AND DEATH
IMMEDIATE CAUSE (A)	ine tailine 1/2/2- IMMIG
ANTECEDENT CAUSE(S) DUE TO	Candra Vanna A demanda
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING INDEPLYING CAUSE LAST DUE TO	Caron Concara Society to 42
STATING UNDERLYING CAUSE LAST. DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
198, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, 1 2	1c. WHERE DID INURY OCCUR? (City or Jown) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	(State)
21d. TIME OF INJURY (Month) [Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M, at work at work	
22. I hereby certify that I attended the deceased from	19.55 to Machel 7 1956 that I last saw the deceased
alive on Tel 2 , 19 56 , and that death occurred at	
SIGNATURE O TO	ADDRESS (Street, city, town, stele) DATE SIGNED
Malcolin Nich Children M.O.	Vacluestin md 3/7/56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, ot county) (Stele)
Biria (Marche, 736/nen	normal garden Bil - Civ Mil
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATEMAN, 8, 1954 Berther B. Brighty	Mally Mally stolly

OF STREET, STR

CURTIFICAYS OF DEATH

BUREAU V. E.

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BECEIVE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1. PLACE OF DEATH			2,	USUAL RESID	ENCE (HOME)		st. No.	11-1
COUNTY HARTER	4	MARYLA	ND	STATE MO	ÇC	UNTY HAR	teR 1	
CITY (Il outside corporate limits, OR and give nagrest town)		LENGTH OF		OR TI.	orporale fimits, writa R	URAL and give	moarest fown)	
HOSPITAL OR	Ma	10920	RS	STREET	usuille,	rural give location	n i	7
HOSPITAL OR INSTITUTION OR STREET ADDRESS				ADDRESS	(4)	200 200		
3. NAME OF (First	4	(Middle)	(Las)	4. DATE	(Month)	(Dey)	1
(Type or Print)	HN		BARNET		DEAT	181	26	1
S. SEX 6. COLOR OR RACE	7. SINGLE MA	DIVORCED:	8. DATE OF BIR	1570	9. AGE last birth	Months	Days	IF UND
10e. USUAL OCCUPATION (Give kind		KIND OF BUSINESS	Dec 25/	IRTHPLACE (State or 1	oreign country)	yrs.	12. CITIZEN	OF V
done during most of working life retired)		OR INDUSTRY	_	- hastowa	E		COUNT	
13. FATHER'S NAME		<i>F</i>		14. MOTHER'S MAID	EN NAME	*	-	
COMM	BARNET	te		UNI	NOWN			
IS. WAS DECEASED-EVER IN U. S. (Yes, no, or unk.) (If Yes, give war	or datas of service)	16. SOCIAL SECU	RITY NO.	17. INFORMANT	ROOR RIFFE	epeland		
		IR MED	ICAL CERTIF	138	PAIR M	1	INTE	EVAL B
# DISEASES OR CONDITIONS DIRECT	TLY LEADING TO DEAT	HQ 0	A CERTIF	/	1		ONS	ANE
IMMEDIATE CAUSE	(A)	CROEN	rax.	hemo	would.		161	0
IMMEDIATE CAOSE							ناطا الد	
ANTECEDENT CAUSE(S)	DUE TO	rteri	malen	tie ce	ebrove	scula		
ANTECEDENT CAUSE(S)		rterie	rolen	tièce	ebrove	scula		
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LAS	er, (B) USÉ DUE TO ST. (C)	rterie	rolen	tiè ce	ebro ve	scula		
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LAS TO THER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED.	Y, (B) SE TO TO TO (C) CONTRIBUTING TO THE	rterie	nolen	ti ce	ebrove	scula		
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LAS	Y, (B) SE TO TO TO (C) CONTRIBUTING TO THE	SS OF OPERATION	rolen	ti ce	ebrove	scula	20	. AUTO
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LAS II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING 198. DATE OF OPERATION	SY, (B) JSE DUE TO (C) CONTRIBUTING TO THE G DEATH. 19b. MAJOR FINDING	oma, farm, factory,	polen	THERE DID INJURY OF	ebrove cle			-
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LAS II OTHER SIGNIFICANT CONDITIONS, TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT [IF EITHER, NOTIFY MEDICAL EXAMINE	SY, (B) JSE DUE TO (C) CONTRIBUTING TO THE 5 DEATH	oma, farm, lactory, 1, office bldg., etc.)					20 YES	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LAS II OTHER SIGNIFICANT CONDITIONS, TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING 198. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TY, (B) JSE DUE TO (C) CONTRIBUTING TO THE G DEATH. 19b. MAJOR FINDING 19b. MAJOR FINDING (TH) OF INJURY stream (H) (H) (H) (H) (H) (H) (H) (H	oma, farm, factory, 1, office bldg., etc.) 1e, INJURY OCCUR /hite Not	RED 21f. I	THERE DID INJURY OF			20 YES	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LAS II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING 19th. DATE OF OPERATION 21th. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. TIME OF INJURY (Month) (De	ST, (B) JSE DUE TO (C) CONTRIBUTING TO THE G DEATH. 19b. MAJOR FINDING 19b. MAJOR FINDING (C) (C) (C) (C) (C) (C) (C) (C	oma, farm, factory, i, office bldg., etc.) Te. INJURY OCCUP /hite Not at work	RED 21f. I	OW DID INJURY OF	CUR?	(C	20 YES ounty)	(St
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LAS II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING 198. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. TIME OF INJURY (Month) (De 22. I hereby certify that	ONTRIBUTING TO THE DEATH. 19b. MAJOR FINDING 19b.	oma, farm, factory, to office bidg., etc.) Te. INJURY OCCUR / hite Not at we work at we	ered 21f. 1	19.56, to M	cur?	(C	20 YES ounty)	(St
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LAS II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING 198. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATIFIED CAUSE OF DE	ST, (B) JSE DUE TO (C) CONTRIBUTING TO THE G DEATH. 19b. MAJOR FINDING 19b. MAJOR FINDING (C) (C) (C) (C) (C) (C) (C) (C	oma, farm, factory, to office bidg., etc.) Te. INJURY OCCUR / hite Not at we work at we	ered 21f. 1	19.5.6, to Ma	cur?	SO, that	20 YES ounty)	(St
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LAS II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED. DISEASE OR CONDITION CAUSING 19th. DATE OF OPERATION 21th. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. TIME OF INJURY (Month) (De 22. I hereby certify that alive on Marcha 22. SIGNATURE	ONTRIBUTING TO THE DEATH. 19b. MAJOR FINDING 19b.	oma, farm, factory, it, office bldg., etc.) Ie. INJURY OCCUR thite Not to work at w. ceased from the death of the death	ered 21f. 1	1956, to M	e causes and on	SO, that	20 YES ounty)	(St

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2928 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. iof, crematian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY G. STATE b. COUNTY M MARYLAND b. CITY OR TOWN III outside corporate limits, write RUSAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle DATE Month Day Yeor DECEASED (Type or print) DEATH 195 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BUTH 6. COLOR OR RACE 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Hours WIDOWED [7 DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME Pages 5 r Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address /301/ (If yes, give wor or dates of service) Give INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Conditions, If any, which gove rise to immediate couse **DUE TO** (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES | NO DE 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.) CAUSE OF DEATH. should 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20r. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) en en Not while of work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X. Inquiry , and find that cute the certificate, writ forwarded to the Chief FUNERAL DIRECTOR: death resulted fram: Natural causes M. Accident | Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY 22d. LOCATION (City, lown, or county OR CREMATORY (State) BEMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE \$40. REC'D BY REGISTRAR VS. A15ME(5) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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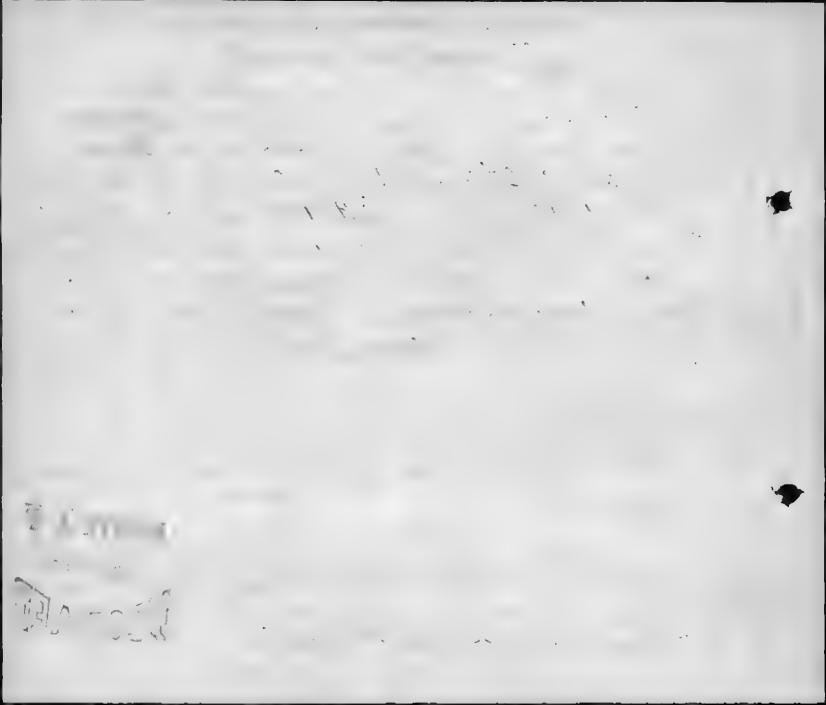
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02913

2930 CERTIFICATE OF DEATH

Reg. Diet. No. 185-

	1. PLACE OF BEATH	2. USUAL RESIDENCE (HOME) OF DECEMBED
	COUNTY Her Las & MARYLAND	STATE Maryland COUNTY Tharbord
	CITY (If outside corporate lights, write RURAL LENGTH OF STAY	CITY (III outside corporate Hmits, write RURAL and give neares/ town)
	OR end give neerest town (in this place)	OR -1
	TOWN Staure de Brace L'fitimes	TOWN Stavre de Grace
	HOSPITAL OR	STREET (If ruref give location)
	STREET ADDRESS 22171 Of STREET	ADDRESS 2 3.1 2 10 find the
	2021 11 0.000 20000	(Last) / 4. DATE (Month) (Day) (Yeer)
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yeer)
	(Type or Print) LL/ZA U. C	HK151 / DEATH 3 24 1956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF	
	temale neno (Specify) markand (CC)	-5, 1898 57 yrs. 5 19 Hours Min.
		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
1	dona during most of working life, even if OR INDUSTRY	They land Count made country?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Here CI 1 There	m 1 m 1 Hil
	Heorge Caurana Harris	Mariah Mirie puces
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS 22170 C hes ft
- 4	ne - none	Mr. Lotert . Christy - Havrede Tree
	18. MEDICAL CERT	TIFICATION INTERVAL BETWEEN
	T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	· IMMEDIATE CAUSE (A) Congestive H	eart railyr
	ANTECEDENT CAUSE(S) DUE TO	
	DISEASES OR CONDITIONS, IF ANY, (B)	
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
	10 Hypertensive C	ar diovascular disease
	TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.	
	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1 9		YES NO
	216. ACCIDENT WAS UNDERLYING ☐ 21b PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINE)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (Slete)
		If, HOW DID INJURY OCCUR?
	M. et work et work	,
	22. I hereby certify that I attended the deceased from	10.55 to 3/23 10.56 should be decord
J		12:05/M, from the causes and on the date stated above.
10,M	SIGNATURE 1	ADDRESS (Street, city, town, state) DATE SIGNED
1.55	leorge J. Stanslary, M.O. 56	(Kevolution St, House delirace, Md 3/24/56
	23. BURIAL, CREMATION DATE THEREOF MANE OF CEMETERY OR C	REMATORY LOCATION (City, town, or county) (State)
A15C	Burial 3/27/56 Unia M.	thoughten has Oberdeen med
S	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	1100 5 1901 (De 10 10 10 10 10	FIRE S BULL Stand He me
	DATE / DIE CO	There is the state of the state of



CERTIFICATE OF DEATH 2944

1. PLA	ACE OF DEATH		2. USUAL RESIDENCE	(HOME) OF DECEA	SED
COU	my bles ord		STATE . Il h hadde	and COUNTY A	no and do
CITY			A STATE OF THE PARTY OF THE PAR	limits, write RURAL and give	naemst town)
OR	and give nadrast fown) [In this place)		OR CYC	1	7
/ TOW	averkeen Justin	ul	TOWN were	ecu!	
	PITAL OR TITUTION OR TITUTION OR TITUTION OR		STREET	(H rural give locat	ion)
	ET ADDRESS K /- /)		ADDRESS F D	2: .	
3. NAI	ME OF (First) (Middle)	(L	Last)	4. DATE (Month)	[Dey] (Yeer)
	CEASED OCAR	~ U	DISTA	DEATH 3	22 5/2
5. SEX	USCAN A	DATE OF B	RIPTH 19		NDER 1 YEAR IF UNDER 24 HRS.
	A RACE WIDOWED, DIVORCED, A			Mont	
ma	le negro (Specify) Single N	lars	2,1895	60 yrs. 10	
	IAL OCCUPATION (Sive kind of work 10b. KIND OF BUSINESS of working life, even if OR INDUSTRY	(/ ti.	BIRYHPLACE (State or foreign co	ountry) Tus.	12. CITIZEN OF WHAT
	ad);	chuy	Tolor stand	Parita	3/ 5 1
13, n FATH	HER'S NAME /	1	14. MOTHER'S MAIDEN NAM	IE /	
1	and alling	0	1 . 5	1-1605	1
1	arising	1	susie u	Jaropecic	- P
Yes, no.	S DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N or unk.) [If Yas, give wer or detect of service]	NO.	17. INFORMANT & ADDR	ESS	11 1 2 1
118, 10,		2696	o Mrs. Lusi	C. Hirester -	e herselle ud
	18. MEDICAL	L CERTI	FICATION		INTERVAL BETWEEN
I DISEA:	SES OR CONDITIONS DIRECTLY LEADING TO DEATH	,	111		ONSET AND DEATH
11112	MASSIVE CET	e bral	Hemorrhag	96	
	ANTECEDENT CAUSE(S) DUE TO		J		
	OR CONDITIONS, IF ANY, (B)				
STATING	RISE TO THE ABOVE CAUSE UNDERLYING CAUSE LAST, DUE TO	4	. ,		
	19 Hypertensive Car	· dic V	asulbr disease	2	
	R SIGNIFICANT CONDITIONS CONTRIBUTING				
	SE OR CONDITION CAUSING DEATH.		100		
19s. DAT	E OF OPERATION 196. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?
					YES NO
OR CONT	DENT WAS UNDERLYING ☐ 1 21b. PLACE (Home, farm, factory, fightIng ☐ CAUSE OF DEATH OF INJURY streat, office bidg., atc.) , NOTICY MEDICAL EXAMINER)	21c.	WHERE DID INJURY OCCUR? (Cily or lown) (County) (State)
	E OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED		. HOW DID INJURY OCCUR?		
	M. at work at work				
20.11	hereby certify that I attended the deceased from	/22	1052 . 3/	28 1056 1	at I had something to a con-
1	7/20/		La de La Caración de Caración		
	ve on A 2 0 0 19 5 5 , and that death occurr	red at. L.			
2011	GNATURE 1 1		ADDRES	(Street, city, town, stele	
3	florger. Whanshury M.O			Havrede Con	Ke Md. 3/30/56
23. BURI.	IAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CRE	EMATORY LC	OCATION (City, town, or co	ounty) (State)
1-	Burial Copil 2, 1954 Union	1.24	colles success	Harland &	antis "uco
24. REC'	D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGN	IATURE /	ADDRESS
DATED	and 31-1950 Dlot in 1 Thus		Finnes FI	Re Chealo &	toure de Muse
DAIR	men y roy / let 3. V. Vr /.			2-1-0-1-1-1	



	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	2915
	2931 CERTIFICATE OF DEATH Reg. Dist.	No. +16
~ \ Ī	PLACE OF DEATH O. COUNTY HARVLAND 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence of STATE MARYLAND COUNTY O. STATE MARYLAND	before admission)
7	b. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give nearest, lawn) GRACE // RECOME HAVE OF RURAL and give nearest, lawn)	f nearest lowning
* 7	d. NAME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION Memory of Appellal d STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES I NO W
3	NAME OF DECEASED (Type or print) GRETHA MONTH MONTH OF DEATH MARCH 18	Doy Year
5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DAJE OF SIRTH 9 AGE (In years IF UNDER 1)	YEAR IF UNDER 24 HRS
170		S. A COUNTRY
1;	FATHER'S NAME HONRY Molock 14. MOTHER'S MAIDEN NAMES Roberts	
	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [11] Yes, the worker dates of service) [12] THE PROPERTY CAMPY CAMPY [13] THE PROPERTY CAMPY [14] THE PROPERTY CAMPY [15] THE PROPERTY CAMPY [16] THE PROPERTY CAMPY [17] THE PROPERTY CAMPY [17] THE PROPERTY CAMPY [18] THE PROPERTY CAM	doe Ma
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) Cerebral Hemorrhoge.	INTER AL BETWEEN ONSEY AND DEATH
	DUE TO	
	Conditions, if any, which gave rise to immediate cause (a), stating the under-	
2	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART H.	(a) 19 WAS AUTOPSY
NOT A CIBITAR		PERFORMED? YES NO
Tag	20a ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
a Carrier	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o, m. p. m. 19 20d. INJURY OCCURRED While Not while at work at work at work at work at work at work at work.	nty) (State)
	11977	it saw the deceased
	alive on	date stated above
	SIGNATURE TEORGE J. Stansbury M.D. 569 Revelytion St.	3/18/56
	PHYSICIAN'S George T. Stansbury Houre de Grace Md.	
2	DE BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d JOCATION (City, town, or county)	/ (State)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. RECISTRAR'S SIGN	ATURE 17
4	the sittate by samurally Mai DATE hore 20 16 The	ay It IV.

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after death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



2933 **CERTIFICATE OF DEATH** Rea. Dist. No. shauld be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY o. STATE **b. COUNTY** MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 20 YES NO M NAME OF First Middle 4. DATE Month Year Day DECEASED P (Type or print)? DEATH 10 5 6 COLOR OR RACE 5. SEX AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED TI NEVER MARRIED DE Months Days WIDOWED [MAL cample USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician U. S. ARMED FORCES? SOCIAL SECURITY/NO 17. INFORMANT Address please 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) 111.00.1 **DUE TO** á ony Conditions, if any, which signed gave rise to immediate DUE TO cause (a), stating the underlying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) ficate Ö 20c. TIME OF INJURY Month, 20e, PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED Day. Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while of work at work 21. I certify that I attended the deceased from 19 Lanthat I last saw the deceased detached and that death occurred at M, from the causes and on the date stated above DIRECTOR: ADDRESS (Street DATE SIGNED ACTUAL SIGNATURI å should may be retai **PHYSICIAN'S** NAME (Type) ന 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

executed

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

death

A15C

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2945 CERTIFICATE OF DEATH

02918

(Year) IF UNDER 1 YEAR IF UNDER 24 HRS CITIZEN OF WHAT USA USA INTERVAL BETWEEN ONSET AND DEATH 2 days 20. AUTOPSY? YES T NO IL

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Harford Harford Maryland COUNTY MARYLAND (If outside corporete limits, write RURAL LENGTH OF STAY (If outside corporete limits, write RURAL end give negrest town) end give neerest town) (in this piece) TOWN Aberdeen TOWN Bel Air HOSPITAL OR US Army Hospital STREET (If rurel give location) INSTITUTION OR ADDRESS Aberdeen Proving Ground Route 2 4. DATE (Month) 3. NAME OF (Lest) DECEASED Charles GENTRY (Type or Print) DEATH March 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE lest birthdey WIDOWED, DIVORCED, (Specify) Married Male Sept 9 1921 10e USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 106 KIND OF BUSINESS done during most of working life, even if retired) Flame cutter US Government Toliver NORTH CAROLINA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Gentry Dell Tilley IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS US Government (Yes, no, or unk.) 242-22-3343 Civilian Personnel Records No 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Skull fracture with secondary brain damage IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21b. PLACE (Home, ferm, fectory, of INJURY street, office bldg., etc.)
Property disposal 210. ACCIDENT WAS UNDERLYING DE OR CONTRIBUTING CAUSE OF DEATH 21c. WHERE DID INJURY OCCUR? (City or town) Aberdeen Proving Ground Harford Maryland IIF EITHER, NOTIFY MEDICAL EXAMINER) 21f. HOW DID INURY OCCUR? struck by loosened spring 21d. TIME OF INJURY (Month) (Dev) 21e, INJURY OCCURRED (Yeer) (Hour) While Not while et work March 5 1956 from recoilless weapon he was working on et work, and that death occurred at 247. P.M. from the ceuses end on the date stated above alive on Mar 7 ADDRESS (Street, city, town, state) _M.D. Aberdeen Proving Ground, Md. BURIAL, CREMATION. REMOVAL (SPECIFY) Toliver CEMEtery 24. REC'D BY REGISTRAR. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2934 CERTIFICATE OF DEATH

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4354	CERTIFICA	TIE OI DEATI		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY HARFORD	MARYLAND	2 USUAL RESIDENCE (WHO O. STATE	here deceased lived. If institution b COUNTY	Residence before admission) HARFORD
	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write RU	
HAURE dE GRACE	6 HRS	FAI1Sto	n	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION HARFORD HEMORIAL	Idress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES TO NO DO
3. NAME OF First	FIUSP		LA DATE	
OSCEASED (Type or print) NORA	Middle ARGARET	HECKNER	4. DATE Month	h Day Year 6 11 1956
5 SEX 6. COLOR OR RACE 7 MARRIE	DE NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE White WIDOWED	lead	Aug.15, 188		Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
HOUSEWIYE	none	LREI	and	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	. –	
Kedian		Cather	rine Burns	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no, or unknown) [If yes, give wor or dates of service]		NFORMANT	Addre	
no	none	George E. Hec	kner, Fallston	Maryland.
18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).]	(0		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	guille	dett on	sel lavel pesa	etin) & hours
DUE TO DA	V	22		
Conditions, if ony, which) (b)	ingulated in	receif here	ril.	2 days.
gove rise to immediate DUE TO		1		
lying cause lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	7		NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMEN,
393 C. D. D. maluet		roselway		YES I NO
PART II. OTHER SIGNIFICANT CONDITIONS CO S C. C. D. M. C. LULLAN 200. ACCIDENT WAS UNDERLYING [] 20b. DESCR OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW MURY OCCURRE). (Enter nature of injury in l	Part t or Part II of item 18.)	•
3 20c. TIME OF INJURY Month, Day, Year 20d. INJ	TURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f. (City or town)	(County) (Slate)
Oc. TIME OF INJURY Month, Day, Year 20d, INJ Hour a. m. White of work		tory, street, office bldg., etc.) 1	
21. I certify that I attended the deceased	from 3-/0	, 19 <u>56,</u> lo	3-10 1056	,that I last saw the deceased
alive on 3 10 19 5			M from the course of	d as the data stand of the
	, and mor deam	occorred dizza	ADDRESS (Street, gift or town, s	nd on the date stated above. DATE SIGNED
ACTUAL SIGNATURE CM. K. LINE	uder	P.I	de Graca	ma 3-11-56
PHYSICIAN'S			7	
NAME (Type)				
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) Burial Mar. 14.1956	St. Stephen!		22d LOCATION (City, town, or	
The state of the s	ADDRESS		Bradshaw, Bal	tran's signature
23. FUNERAL DIRECTOR'S SIGNATURE HOWard K. Mc Comas & Son,	Abingdon, Man	ryland -2	41. 1 -1	12011
		DATE /	(ar.15-56 6	1. J. Xewso HX

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2946MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) p. COUNTY q. STATE **b. COUNTY** MARYLAND b. CITY OR TOWN (It outside corporate finish, write RURAL c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) and give regrest town) 0 rector. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? ur files. YES T NO T strar NAME OF 4. DATE Month Day Year DECEASED (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE 7. MARRIFET NEVER MARRIED [1] 8. DATE OF BIRTH 9. AGE (In veors IFUNDER TYEAR IF UNDER 24 HRS. Months 100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME Pages 15. WAS DECEASED EVER IN U. 16. SOCIAL SECURITY NO. Address HIRbert PM3. 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) with form ě **Burial-transit DUE TO** Conditions, if any, which gave rise to immediate cause gvo **DUE TO** (o), stating the underlying couse last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 50 PERFORMED? NO F 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 26b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port 11 of item 18.) CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or fown) (County) (Stote) factory, street, office bldg., etc.) 0.70 Not while at work of work p. m. to the Chief Medi 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry , and find that death resulted from: Natural causes X, Accident . Suicide Undetermined cause Homicide . certificate, DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER forwarded to ASSISTANT MEDICAL EXAMINER NAME (Type) 220. BUR AL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) MEMOVAL (Specify) ADDRESS 21 PUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR VS. ATSME(S) 5M 9/55

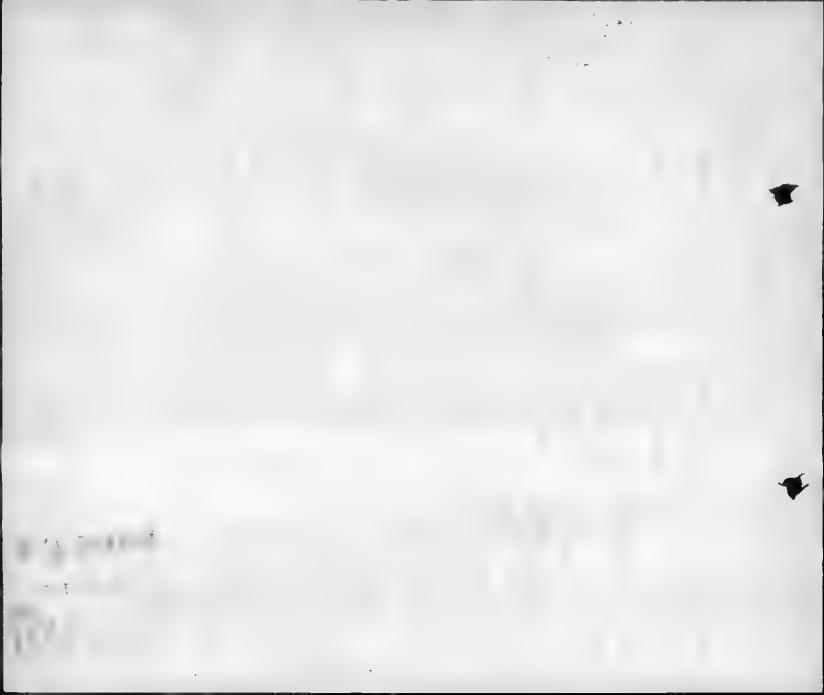
DEPUTY MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2 4		2935 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No. 185
Should	li ,	PLACE OF DEATH STORY OF OUNTY D. COUNDY
Page 4	and the second	b. CITY OR TOWN III curing corporate limits, write RURAL ond give nearest town) And give nearest town) And give nearest town)
rector. Sriar ta	÷.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? YES PNO
peral di rour file gistrar p	1	3. NAME OF BATTHOLE MEW J. MAZZZZZZZZZZZ LOST DEATH MATTHON 1937
	12	S SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 75. DATE OF BIRTH 9. AGE [In years IF UNDER 14 PAR IF UNDER 24 HRS 100 birthdoy) WIDOWED DIVORCED
nd 3 to reform 1 2 with		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or Foreign country) 12. CITIZEN OF WHAT COUNTRY during most all working life, even if retired)
1, 2, a may be s 1 and		13. FATHER'S NAME 14. MOTHER'S MAIDEN HAME
Page 5	I,	15. WAS DECRASED EVER IN U. S. ARMED TORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (You'no, or untropun) J. Ill yes, pive wor sections of sections of security in the color of the color o
P.M.3. rmit. F		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: PYA-+.
Item 1 h form nsit pe		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Practy - 2 1 1 8/6 × DUE TO
pencil in llong with		Conditions, if any, which gove rise to immediate cause (a), stoting the underlying DUE TO
og" in 1 Office of as a b	p.	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
pendir niner's lbe use	1	200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF CAUSE
cal Exan	/	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20t. (City or town) (County) (State) Hour o. m. 3/14 156 White of work 12 Not white of work 20 Not work 2
fing the		21. 1 certify that I took charge of the remains described above, held an Autopsy [], Inspection [X]. Inquiry [], and find the
CTOR:		death resulted from: Natural causes
to the DIRE		ACTUAL SEGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER []
the ce arded VERAL maval		EXAMINER'S GETOID C POIMEY MP. DEPUTY MEDICAL EXAMINER TO HOLD BY 11/56
forw or re		22g EDRIAL, CREMATION, 22b. DATE THEREOF 22a NAME OF CEMETERY, OR CREMATORY 22d. LOCATION (City, fown, or county) (Stole)
5. A15ME(5)		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
SM 9/55		Kningly In Finile Man Mr. DATE MAN. 14-56 U. A. Xewso M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



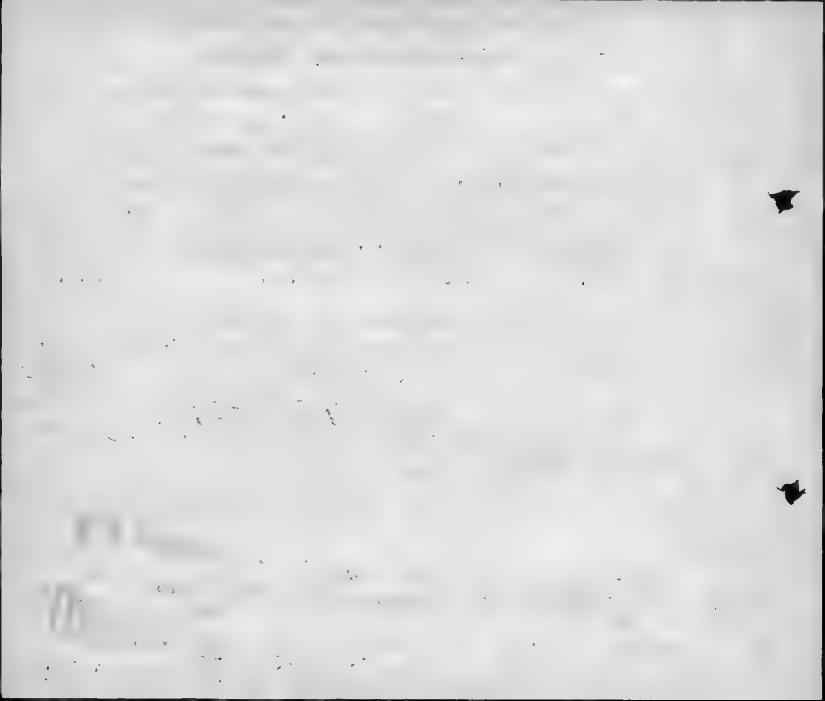
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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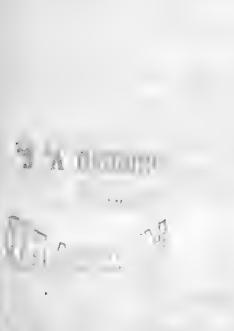
2947 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEAS	BED
COUNTY Harford	MARYLAND	STATELID .	COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (In this place)	OR	ete limits, write RURAL and give i	nealtest lown)
Y TOWN Jerusal	em 5 yrs	town-Jerus		K
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give location	en)
in STREET ADDRESS Jerusalet	n, Hd.		em Road	
3. NAME OF (First) DECEASED DE	(Middle)	(Last)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) Hery	Agnes Me	rer .	DEATH Mar	. 14 19 56
Flore 7 RACE 1 4 4 WID	GLE, MARRIED, OWED, DIVORCED B. DATE OF COMED, DIVORCED AUG . 5		AGE last birthdey IF UNIT Months	DER I YEAR IF UNDER 24 HRS
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if		11. BIRTHPLACE (Sleta or foreig	n country)	12. CITIZEN OF WHAT
retired) H. VI.	O.H.	Balto.Md.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Joseph	Sadler	Unk	10Wm	
15. WAS DECEASED EVER IN U. S. ARMED FORCE		17. INFORMANT & A	DDRESS	
(Yes, no, or unk.) (If Yes, give wer or deles of sary	rice)	Mr Cherl	es Meyer.Jer	. bil malazu
		TIFICATION		INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH / / RD ZE /	11/1		ONSET AND DEATH
40/X IMMEDIATE CAUSE (A)		11/1		- 4 acres
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	Perforation	rof ANE	URVSM	5 days
STATING UNDERLYING CAUSE LAST. DUE TO	Hunnitoris	baloginal	Adrta.	3418.
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	117/01/202		Ovas Caris	
196. DATE OF OPERATION 196. MAJOR	FINDINGS OF OPERATION		 	20. AUTOPSY?
218. ACCIDENT WAS UNDERLYING 21b. PLOR CONTRIBUTING CAUSE OF DEATH OF INJUSTIFY MEDICAL EXAMINER	ACE (Home, farm, factory, JRY street, office bldg., atc.)	TIG. WHERE DID INJURY OCCUR	? (City or lown) (C	ounty) (State)
21d, TIME OF INJURY (Month) (Day) (Year) (H	our) 21s. INJURY OCCURED Whits Not white at work at work	21f. HOW DID INJURY OCCUR	7	
22. I hereby certify that I attended		1953, to 8/	14-, 1955, that	t I last saw the deceased
	, and that death occurred a	M, from the ca	auses and on the date states (Street, city, Iown, stela)	ated above.
signATURE Cold	f. Augso	M.D. E	ORK, MI	3/14/56
23. BURIAL, EREMATION, DATE THEREOR		CREMATORY	LOCATION (City, town, or cou	inty) (State)
Burial Mar.17	/56 Loudon Par		Balto.Md.	ADDRESS
24 REC'D BY REGISTRAR REGISTRAR'S	on on	26. FUNERAL DIRECTOR'S	a banking 117 1 and	DAACA ITOCAA



The state of the s	1		or i	** (*) 7 %	MARYL	AND :	STATE DEPAR	TME	NT OF HEA	ALTH-BA	LTIMORE	, 18	2000	
PACE OF DEATH	. 6 .		Ete	a Le Fil	** G194 JMI	DICA	L'EXAMINI	ER'S	CERTIFIC	CATE OF	DEATH	(1)	2923	
Harford Markumb	d by		_		2948							Reg. Dist	No. IBC)
HARTON MARYLAND L. CLTY OR TOWN	noul		1, 8	LACE OF DEATH	~010					NCE (Where deced			e before admission)	
d. NAME OF HOSPITAL OR INSTITUTION (F not in hospital, give street oddress) d. STREET ADDRESS d. STREET AD	ple 4 st						MARY	LAND	o. STATE N	Maryland	6. COU	NTY	Harford	
d. NAME OF HOSPITAL OR INSTITUTION (F not in hospital, give street oddress) d. STREET ADDRESS d. STREET AD	right.	1	Ь	OTY OR TOWN and give necrest tow	If outside corporate film is, writen	M RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TO	WN (If outside co	rporate limits, wr	rite RURAL and g	ve neorest town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) 3. NAME OF BYTE ADDRESS 4. DATE OF BRITH 5. SEX OF THE STREET			7		Abingdon		2 yrs.		. A	bingdon				
So So So So So So So So	ar t	•	d	NAME OF HOSPI	TAL OR INSTITUTION	If not in ho	spital, give street address	1)	d. STREET ADDI	RESS			ON A FARM	E
DECEASED IN MARKED NEVER MARKED S. DATE OF BIRTH P. AGE in ton the intended No. White MIDOWED DIVORCED Tan. B. 1886 P. AGE in ton the intended No. White MIDOWED DIVORCED Tan. B. 1886 P. AGE in ton the intended No. White MIDOWED DIVORCED Tan. B. 1886 P. AGE in ton the intended No. White MIDOWED DIVORCED Tan. B. 1886 P. AGE in ton the intended No. White MIDOWED DIVORCED Tan. B. 1886 P. AGE in ton the intended No. White DIVORCED Tan. B. 1886 P. AGE in ton the intended No. White DIVORCED Tan. B. 1886 P. AGE in ton the intended No. White DIVORCED Tan. B. 1886 P. AGE in ton the intended No. White DIVORCED Tan. B. 1886 P. AGE in ton the intended No. White DIVORCED Tan. B. 1886 P. AGE in ton the intended No. White DIVORCED Tan. B. 1886 P. AGE in ton the intended No. White DIVORCED Tan. B. 1886 P. AGE in ton the intended No. White DIVORCED Tan. B. 1886 P. AGE in ton the intended DIVORCED Tan. B. 1886 P. AGE in ton the intended DIVORCED Tan. B. 1886 P. AGE in the intended DIVORCED Tan. B. 1886 P. AGE in the intended DIVORCED Tan. B. 1886 P. AGE in the intended DIVORCED Tan. B. 1886 P. AGE in the intended DIVORCED Tan. B. 1886 P. AGE in the intended DIVORCED Tan. B. 1886 P. AGE in the intended DIVORCED Tan. B. 1886 P. AGE in the intended DIVORCED Tan. B. 1886 P. AGE in the intended DIVORCED Tan. B. 1886 P. AGE in the intended DIVORCED Tan. B. 1886 P. AGE in the intended DIVORCED DIV	dire.		-	-										
(Type or print)	dete or fi		3. !	IAME OF	Fig.	nt te		- 1	Lost		IA Mo	onth ,	Day Year	v 5
male white whowed discretely and a state of the control of the con	ogis				Josen	ולכ	c. 3	5	IMITZ	2 DEATH	MAT	ch	195	(
Male White WIDOWED DIVORCED Tan 8 1886 70 ym. 100. USUAL OCCUPATION (Give kind of work done during most of working file, wan if refired) HOSPITAL 11. BIMPLACE (Store or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working file, wan if refired) HOSPITAL 11. BIMPLACE (Store or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working file, wan if refired) HOSPITAL 11. BIMPLACE (Store or foreign country) 12 CITIZEN OF WHAT COUNTRY 12. BIMPLACE (Store or foreign country) 13. FATHER'S NAME VIncent Schultz 14. MOTHER'S MAIDEN NAME VIncent Schultz Catherine .lickie 15. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (c), (b), ond (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NALDISEASE COND TION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? 19. OLD TO COURS OF DEATH. 19. OLD TO COURS OF INJURY (Home, form, form, if ord you while of working of work in of working of work) 19. OLD TO COURS OF INJURY (Home, form, form, if ord you while of work in of work	2		5. \$	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	[X] 8.	DATE OF BIRTH		9. AGE (In years			25.
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Conditions, if pny, which gover itse to immediate cause to immediate c	Xec Item sit			422.1	, ,				7					_
Columbia	e i i i i			Conditions, if			Arterioscle	rot:	ic cardio	vascular	disease	3		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year White at work of work of work of work of work. 200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, alreet, office bldg, etc.) 200. TIME OF INJURY Month, Day, Year at work of work of work. 201. I certify that I toak charge of the remains described abave, held an Autapsy Inspection Inquiry, and find that death resulted fram: Natural causes I, Accident I, Suicide, I, Hamicide II, Undetermined cause II.	The second													
PERFORMED? YES NO PLACE OF INJURY (Home, form, 20f. (City or town) YES NO (County) 20c. TIME OF INJURY Month, Day, Year 19 at work	shau alough				(c)	L								
20c. TIME OF INJURY Month, Day, Year While at work of the remains described above, held an Autapsy . Inspection . Inquiry . and find the death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		8	PART II, OT	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE	TERM-NALDISEAS	E COND TION (GIVEN IN PART I		Y
20c. TIME OF INJURY Month, Day, Year While at work of the remains described above, held an Autapsy . Inspection . Inquiry . and find the death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .	ding w		3											נ
20c. TIME OF INJURY Month, Day, Year While at work of the remains described above, held an Autapsy . Inspection . Inquiry . and find the death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .	cert pen per se n		E	200. EXTERNAL CA	USE WAS	b. DESCRIB	E HOW INJURY OCCUR	RED. (En	ter noture of injury	in Part I or Part I	of item 18.)			
21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and find that death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .	in Pictor		9	CAUSE OF DEATH										
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death resulted fram: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined cause [].	至450		MEC	0.1 1.11	19			racro	if sirdor, writer one	1				
death resulted fram: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined cause [].	Pag Me			21. I certify t	hat I toak charge	af the	remains described	abav	e, held an Au	itapsy , I	nspection 🖟	, Inquiry	, and find th	na:
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DATE SIGNED	C C C S				2		- a		_					
SIGNATURE M.D. CHIEF MEDICAL EXAMINER	MEDIC rt f.cal ta the DIREC			ACTUAL SIGNATURE	corned (-1	almer		M D CHIEF MEDIC	CAL EXAMINER			DATE SIGNED	
						1 /	0 1			MEDICAL EXAMINI	ER 🗀		1-1	
EXAMINER'S Gerald Palmer Deputy Medical Examiner D	Fre de			NAME (Type)	C-61.31	d	- FAIN	10	DEPUTY MED	DICAL EXAMINER	2	- ,2	19151	
EXAMINER'S GET 21 d CP3 M CT DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT				BURIAL CREMATIC	ON, 226. DATE THEREC)F	22c. NAME OF CEMETE	RY OR G	REMATORY	22d. LOCA	ITION (City, town	n, or county)	(State)	
2 2 5 REMOVAL (Specify) Burial Mar. 10.1956 Cokesbury Memorial Abingdon Harford Md.						956	Cokesbu	ry A	emorial	Abi	ingdon	Harford	Md.	
VS. A1SME(5) 22 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE A SORD A MARCH 12 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	WE ALEMENE		23			0-6			240	REC'D BY REGIS	TRAR 246. RE	GISTRAR'S SIGN	ATURE 2	
SM 8/55 Herrard College Son Abingdon Maryland. Brach 12, 1956 Norma & More			j.		PAINTE OF	SON	Abingdon	Mary	land. 60	Juch / 2	1459 16	orna	12 Moore	e



crematian > PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN Its outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 and give negrest love) BRIS VILL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF DATE Middle Month DECEASED (Type or print) DEATH 6176 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1 B. DATE OF BIRTH P. AGE IIn years WIDOWED | DIVORCED [7] 11. BIRTHPLACE (State or foreign country) 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 5 G during most of working life, even if retired) M 13. FATHER'S NAME Fray 14. MOTHER'S MAIDEN NAME Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which] gove rise to immediate cause DUE TO (a), stating the underlying couse lost. ő CERTIFICATION 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enfer nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg, etc.) Not while 10% at work at work forwarded to the Chief Mec 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🕙. death resulted from: Natural causes Accident X. Suicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER O DEPUTY cute the DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 0 VS. A15ME(5) DATE

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

NO D

(State)

DATE SIGNED

(County)

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day 19 IF UNDER TYEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? NTERVAL BETWEEN ONSET AND DEATH

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?

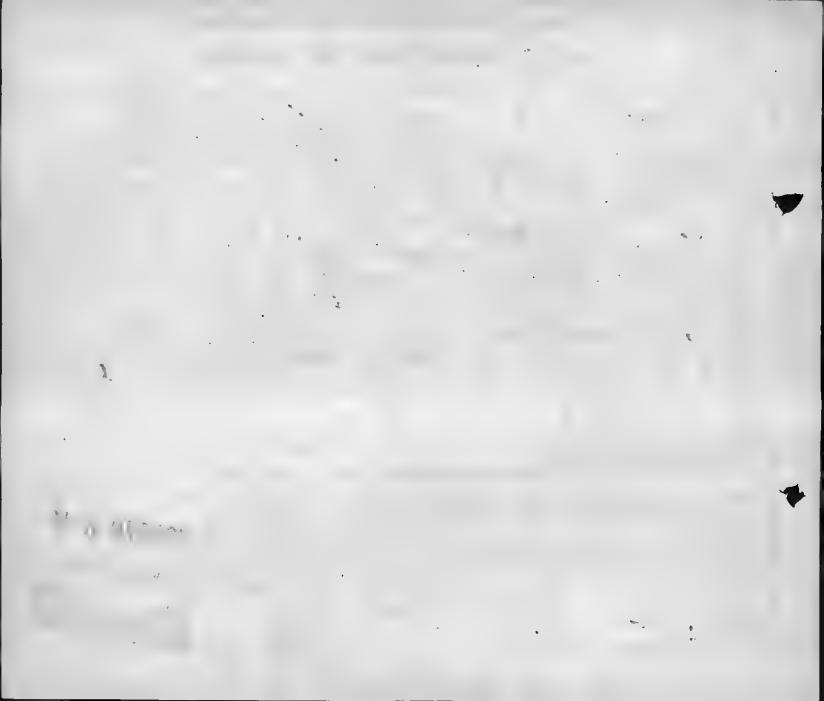
Inquiry

Homicide . Undetermined cause

22d. LOCATION (City, town, or county)

elingvil a. T

DEAD ASSI



he	MARYLAND STATE DEPARTMENT O	F HEALTH—BALTIMORE, 1812926
7. Th	2951 CERTIFICATE O	OF DEATH Reg. Dist. No. / 8
Supply every item of information carefully, te the causes of death clearly and legibly.	COUNTY TARFORD MARYLAND CITY (If outside corporate limits, write RURAL) OR and give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS MARYLAND LENGTH OF STAY OR 10 this place) TOWN MARYLAND LENGTH OF STAY OR 10 this place) TOWN TOWN MARYLAND LENGTH OF STAY OR 10 this place) TOWN TOWN MARYLAND LENGTH OF STAY OR 10 this place) TOWN TOWN MARYLAND LENGTH OF STAY OR 10 this place)	USUAL RESIDENCE (HOME) OF DECEASED; STATE MD, COUNTY HARFORD CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN CARDIFF STREET ADDRESS (If rural give location)
pply every item of i	DECEASED: (Type or Print) S. SEX: 6. COLOR OR 7 SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, WIDOWED, DIVORCED, WIDOWED,	BIRTH: 9. AGE last birthday 17 UNDER 1 YEAR HOURS Min. 1910
• 🦟	(Yes. and or unk.) (If Yes, give war or dates 195-24-0387	EVA RAMSAY INFORMANT & ADDRESS: SEORGE A. SWIFT, CARDIFF, Ma.
PLAINLY, WITH UNFADING INK.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	in Merus
AINLY, W.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
LAIN	19a DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION CARSON Y	Kerns (Belforine mel. 20. AUTOPSY? YES NO to
WRITE	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21c. TIME (Month) (Day) (Year) (Hour) 21c INJURY OCCURRED 2 While Not while at work at work at work at work	21c. WHERE DID (City or town) (County) (State) INJURY OCCUR? IF. HOW DID INJURY OCCUR?
PLEASE TYPE OR correct age is	22. I hereby certify that I attended the deceased from	M, from the causes and on the date stated above, ADDRESS DATE SIGNED OR CREMATORY LOCATION (City, town, or county) OR FUNERAL DIRECTOR ADDRESS

37.1 6' AAI

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2936 CERTIFICATE OF DEATH

()2927 Reg. Dist. No. 182

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY HARFORD MARYLAND	STATE Makeyland COUNTY Glarford
CITY (tf outside corporate (limits, write RURAL LENGTH OF STAY OR and give neaces! fown) (in this piece)	CITY (If outside corporete limits, write RURAL and give neerestrown)
BEL HIR LIFE	TOWN Belave
HOSPITAL OR INSTITUTION OR III	STREET ADDRESS ADDRESS ADDRESS ADDRESS
STREET ADDRESS /// ALICE ANN ST	111 alue aun At
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Year)
(Type or Print) ADELINE KEBECCA TI	4YLOR DEATH MARCH 11 1956
5. SEX 6. COLOR OR 7. SINGLE MARRIED, 8. DATE O	F BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE NEGRO (Special) LALLOWING 4-	26-1894 61 yrs. Months Deys Mours Min
IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working fife, even if retired HOME MAKER OR INDUSTRY	Harford County Maryland COUNTRY?
13. FATHER'S NAME	1 1/ MOTHER'S MAIDEN NAME
FRANK JACKSON	14
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	LAUFA FrANCES WILSON
(Yes, no, or unk.) (If Yes, give wer or dates of service)	7 (111) 0 Q: Q: m1
18. MEDICAL CER	Mr. West Saylor . 12lf-leer, 12h.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
443X IMMEDIATE CAUSE (A) Pier Parent	un Edema 30 min
ANTECEDENT CAUSE(S) DUE TO	Ki i i i i
DISEASES OR CONDITIONS, IF ANY, (B)	Burker Vacaler
STATING UNDERLYING CAUSE LAST, DUE TO	atting to a sound of much I want
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PROPERTY AND ALLER TO THE PROPERTY OF THE PROPERT	ifthe the sellions and for a far
TO THE DEATH BUT NOT RELATED TO THE	Friends.
DISEASE OR CONDITION CAUSING DEATH. 198, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION	
THE DATE OF OPERATION	20. AUTOPSY? YES NO
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	Te. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	216. HOW DID INJURY OCCUR?
M. el work at work	
22. I hereby certify that I attended the deceased from	19/5 1/10 MiRPELL 11, 19 The that I last saw the deceased
alive on More 19.5.6, and that death occurred at.	
BIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
Truly W. Derrich M.D. 31	of Hickory, Cully, My mark 1137
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY (City, town, or county) (State)
Burial 3-14-36 Hendon	Heef lim. Det-au. md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 3: 11/56 Pupella Toward	tiles J. Bullock . Hand de The
	ms



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2952 CERTIFICATE OF DEATH

()	Z	y	Z	8	
					CT

Reg. Dist. No

	K PLACE OF DEATH		2. UNIVAL TRAJERI	DE MINUSTAT BETRÁGE	1 1
k	COUNTY Has a.	MARYLAND	STATE 7/1/ary	law county Ha	rford
	CITY (If outside corporate limits/write RURAL	LENGTH OF STAY	CITY (Il outside corpo	rate limits, write RURAL and give ne	
	OR and give pearast town) TOWN	(in this place)	OR TOWN	Dana useria	
	HOSPITAL OR	11/32	STREET	(It dural give location)	- J ₂
	INSTITUTION OR STREET ADDRESS		ADDRESS		*
	3. (first)	(Middla)	(Last)	4. DATE (Month)	(Dey) (Year)
	(Type or Print) Thomas	Marion 7	aylor.	DEATH Was	6 1956.
	S. SEX 6. COLOR OR 7. SINGLE, 7	MARRIED, 8. DATE	OF/BIRTH	9. AGE last birthday IF UNDER	
	Male White (Spacily)	Warried Way	28th 1871	74 yrs. Months	Days Hours Min.
	10a, USUAL OCCUPATION (G ve kind of work done during most of working life, even if	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stata or forei	gn country! 1:	2. CITIZEN OF WHAT
Ė	refired (true) 17,5 patcher (il rood. P.RR.	Mary	and.	USH.
	13. FATHER'S NAME		14. MOTHER'S MARKEN	NAME / - / - /	
	1/18 hard witchell	laylor.	1 Wars	faret Hopkins	5
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & (A	DORESS	0
٦	(Yas, no, or unk.) (If Yas, give wer or dates of service)	716-01-76731	7. W. Kather	Eue Baylar-Per	rywau wy
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL CE	RTIFICATION	1	ONSET AND DEATH
	2 DISCUSSION ON CONDITIONS DIRECTED ECADING TO DE	7 . 1 . 4	20-00 - Tran	attacks.	Older Ale Dealli
	MANUAL CAUSE (A)	curcusor of			
	ANTECEDENT CAUSE(S) DUE TO	(U)	111110.	20 Lecenne	
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING INDEPLYING CAUSE LAST DUE TO	Corrora & A	The second	1	
	STATING UNDERLYING CAUSE LAST. DUE TO				
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
	19a, DATE OF OPERATION 19b. MAJOR FIND	INGS OF OPERATION			20. AUTOPSY?
					YES NO
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OR CONTRIBUTING 20 CAUSE OF DEATH OF INJURY ST	(Homa, farm, factory, traat, office bldg., atc.)	21c. WHERE DID INJURY OCCUR	(Cou	nty) (Stata)
	21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour)	21a. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUR	27	
	м	et work at work			
	22. I hereby certify that I attended the	deceased from Tiby	16, 19.5/5 , 10 lu	17-6675, 19-5 Ce, that I	last saw the deceased
	alive on burch To 1956	and that death occurred a	1. 5.30 M, from the c	auses and on the date state	ed above.
3	BIGNATURE	11		RESS (Street, city, town, state)	DATE SIGNED
0	Janguer,	M.D.	derund Do	Galloway	3/7/36.
-	23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or county	(Stele)
2	REMOVAL (SPECIFY)	56 Alesutia	As tores	Perreruau	rud.
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNA		25. FUNERAL DIRECTOR'S		ADDRESS
	DATE 17 au 2-195/2 7/ellie 17	(rêzer	John 98	arring aborde	rear wex.

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BCEINEL

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02929
	2937 CERTIFICATE OF DEATH Reg. Dist. No. 185
1.	PLACE OF DEATH a. COUNTY HAY Ford MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Day 4/4 n 4 b COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Howard If a real of the re
	d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM?
3.	NAME OF First Middle Last 4. DATE Month Day Year OF
5	(Type or print) Baby 1304 1,C/C \$ 15 DEATH March 9 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 1001 birthdoy) Months Days Hipurs Min.
10	DIVORCED DIV
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
15	WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. of unknown) (If yes, give wor or dries of service) ROBERT G. VIENERS, WHITEFORD, MD.
7	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) (LARDIAC FAILURE - CONGENITAL HEART Conditions, if any, which gave rise to immediate cause (a), staling the under: [b] MULTIPLE. CONGENITAL ANDIYALIES [b] MULTIPLE. CONGENITAL ANDIYALIES [b] MULTIPLE. CONGENITAL ANDIYALIES [c] HORSE SHOE. KIDNEY, IMPERFORMER AND [C] ATREFIA OF URETHERA
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING 20 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)
AL CERTI	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 White Not white at work of twork of two twork of two
	21. I certify that I attended the deceased fram
	PHYSICIAN'S RIB NORIYENT
	BURIAL, CREMATION, 276. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 220 LOCATION (City, town, or county) (State)
23.	FUNDRAL DIRECTOR'S SIGNATURE DESCRIPTION DATE NEW 240. REGISTRAR'S SIGNATURE DATE NEW 240. REGISTRAR'S SIGNATURE DATE NEW 240. REC'D 84 REGISTRAR'S SIGNATURE DATE NEW 240. REC'D 84 REGISTRAR'S SIGNATURE



MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion Reg. Dist. Na. 4 should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND buriof, Poge is necessory. b. CITY OR TOWN IIf authide co write SURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 0 director. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE TENT NO P your files. strar NAME OF First Middle DATE Month Day Year DECEASED (Type or print) DEATH 19 2 7 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED 17 NEVER MARKED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 3 12. CITIZEN OF WHAT COUNTRY? ret during most of warking life, even if relired) puo CI offer and Pe 2 may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages Unknown 10 Poge 15. WAS DECEASED EVER U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Give 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse Glang DUE TO (o) stating the underlying couse last. 0 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ő PERFORMED? YES | NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Exam 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) (County) (State) factory, street, office bldg., etc.) d. m. While Not while p. m. at work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Dr. Inquiry arwarded to the Chief FUNERAL DIRECTOR: death resulted from: Natural causes Accident Suicide . Hamicide . Undetermined couse certificate, DATE SIGNED SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY EXAMINER'S cute the DEPUTY MEDICAL EXAMINER BY NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Slole) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. 24a, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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DECENALED

marylan 2953	D STATE DEPARTM CERTIFICA	ENT OF HEALTH	,	8 () 2 Reg. Dist. No	931
1. PLACE OF DEATH o. COUNTY		II p. STATE	ere deceased lived. If institution		
Harford	MARYLAND	Maryl	and	Harf	
b. CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside corporate límits, write RI DD a	JRAL and give ne	orest town)
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION		d. STREET ADDRESS		1	e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) John	Middle Edgar	Williams	4. DATE Mont OF DEATH M81		oy Year 28 19 56
	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday) 4. 61 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
10o. USUAL OCCUPATION (Give kind of work done lid during most of working life, even if relired) Draftsman	T.S. Govt.,	STRY 11. BIRTHPLACE (Stole Baltimore	**		U.S.A.
13. FATHER'S NAME Charles Bailey Willia	ams	14. MOTHER'S MAIDEN N			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)		NFORMANT Tessie M. Will	Addr	Joppa, M	laryland
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	Coronary C	clusin		ON 2	ERVAL BETWEEN SET AND DEATH ALL
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last. DUE TO DUE TO (b) (c)	rypertensii	re arterisf	selerduhear	tower 6	yes
PART II. OTHER SIGNIFICANT CONDITION PART III. OTHER SIG	Alacci D	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	Port I or Port II of item 18.)		
A Hour u. n. Whi		ACE OF INJURY (Home, form ctory, street, office bldg., etc.	, 20f. (City or town)	(County)	(Stole)
21. I certify that I attended the dece alive on warch 28, 19 ACTUAL SIGNATURE July 0 H			M. fram the causes an ADDRESS (Street, city or town, s	nd an the do	aw the deceased ate stated above DATE SIGNED
PHYSICIAN'S Fred 0. Hody	18	Edgewo	od Maryland.	(Harfo	rd Co)

220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)
Burial
Mar. 31 19

22c. NAME OF CEMETERY OR CREMATORY

Gardens

22d. LOCATION (City, town, or county)

(State) Md.

B. FUNERAL DIRECTOR'S SIGNATURE
HOWARD K. Mc Comas & Son

Abingdon, Md.,

24b. REGISTRAR'S SIGNATURE MOONE & MOONE DATE LAW . 30, AST

VS A15 (4) 15M 9/55



SIREAU V. S.

Level . 2 Personal